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A ETHICS AND PALEN DISCLOSHING

File with: File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed[0] JUL 19 PM 1: 15

Effective May 1, 2010, all statements and reports for State-PACs and State

	Parties must be filed electr	onically.	
1/	fust be same as on Statement of	Organization)	FORM
Hancac	K County Cent		DR-2 DISCLOSURE
IMPORTANT: Indicate by (1) Statewide/Legislative/(4) County Central Comm	# type of committee yell are reporting judge Standing for Retention Candida attec (5)County Candidate (6)City (for: [5] te (2)State PAC (3)State Party candidate (7)School Board or Other Political hool Board or Other Political Subdivision PAC ((Rev. 12/2009) REPORT
CANDIDATE COMMIT Candidate Name	TEES ONLY:	Political Party (if applicable)	Scanned
Office Sought		District (if Senate or House)	Audited
Late reports are subject to candidate's committee, ar	possible civil and criminal penaltie d the chairperson, for any other typ	Pursuant to lowa Code sections 68B.32A(7 or committee, is the individual responsible for) and 68A.401(3), the candidate, for a or filing timely and accurate reports.
SIGNATURE OF PERS	ON FILING REPORT	TELEPHONE	DATE SIGNED
I AM FILING A	Wy 19.2010	REPORT FOR (1) ELECTION /(
	(report date)	Indicate by#	L
CHECK IF AMENDM	ENT TO REPORT DATED	<u> </u>	ocal Committees, enter Date of Election
Check If this is final (You must con	termination) report and attach No tinue to file reports until a DR-3 is		county & Local Committees, enter County in thick Election is held
STA	TEMENT OF CASH ON H	AND	
committee. T	beginning of the reporting period his amount MUST be the same at orting period or must be zero if thi		3 <u>197. 80</u>
ADD TOTAL	MONEY TAKEN IN THIS PERIOR		OFF
Schedule A:	Cash Contributions total (Attach S	chedule A) (*also see in-kind below)	
Schedule F: I	oans Received total (Attach Sche	dule F)	
	1	(Attach Schedule H)	
<u>(Sch</u>	dule H applies to Candidates'	Committees Only) SUB-TOTAL	550 329
SUBTRACT	OTAL MONEY SPENT THIS PE	RIOD	
		le B) (**also see debts and loans below)	337.80
	['	hedule F)	
		al report balance must be zero)	م سا الرسيون و
"UNPAID BILLS (From	n Schedule D - Attach Schedule D)	\$
•	•	Schedule E)	
		hedule F)	•
	DOWN (Schedule G Attached?)		YESNO
CANDIDATE COMMIT	l '		
	I PROPERTY (From Schedule H	- Attach Schedule H)	\$ <u>:</u>
	-	ccount bank statement in January of each	year.

CONTRIBUTIO	2NC		KEN IN		SCHED A (Rev. 0	MONETA	
(Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement		of Organization) SYMMi Hee		CHECK THIS BOX IF AMENDING FORM			
STATE CANDIDAT NUMBER AND THE DISCLOSURE BOAL	PAC CH	E: IF A CONTRI	BUTION IS RECEIVE THE DESIGNATED C	FROM A STATE PAC (POLITICAL ACTION DLUMN. A LIST OF 10 NUMBERS IS AVAIL	N COMMITTEE), LIST THE ABLE FROM THE IOWA ET	PAC IDENTIFICATIO THICS AND CAMPAI	N GN
RESPONSIBILITI	ES AND	SHOULD IMME	DIATELY CONTAC				
CAUTION: Sect commercial purp	ion 68B ose by :	32A(6), prohib ny person othe	its the use of informer than statutory po	nation copied from reports and states litical committees.			
DATE RECEIVED (MM/DD/YR)	TI) CINA	ID NUMBER applicable) PAC CHECK JUMBER	NAMEAN	D'ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	RECEIVED	VIF FO FUND RAISE INCOM
6-2	ID# CK#		Winne	bago (44-		\$7050	
6-2	CK#		445	district brent		25.00	
	ID# CK#						
	ID#						
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	CK#	· · · · · · · · · · · · · · · · · · ·					
	CK#					-	
	CK#						
	ID#				,	_	
				TOTAL (if last p	SUB-TOTAL age of this schedule	\$95,50 \$90,50	

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SCHEDULE	
(Rev. 07/03)	MONETARY EXPENDITURES

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTERS: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

1 11		Must be same as on Statement					
Han	COCI	RCE	unter Cen		nn Hee		
DATE EXPENDED (MM/DD/YR)	(If appl AND CHI	MBER cable) PAC CK	NAME'AND ADDR SXPENDI (Disbursement)	TURE	PURPÓ (DESCRIBE TRA		AMOUNT EXPENDED
	ID#	BER	6.0-		ange Tu	0.55	
6-15	CK#		Clear Lat	KeIIA	apog Fy Sound Sys	ndraser tem	\$ 286.00 44.00
	ID#				d		-1.4.60 = 6
7-1	CK#		Postage	2			44.00
	ID#		Q				880
7-16	CK#		Postage				
	1D#						
	CK#		• • ·				
	ID#	· · · · ·					
	CK#					:	
-	ID#						
	CK#						
	ID#	,					
	CK#						
	!D#						
	CK#					-	
	dia.					SUB-TOTAL	\$338.80
				•	TOTAL (if last page	of this schedule)	\$ 228.80
	i						
Purchases of e	certain can to persons	paign prop ontities pro	oviding consulting, advert	e must also be inven	toried on Schedule H. (Ref liting, managing, organizing by the person/entity on beh	:	
Schednie @ lu	SITUCIONS	and lowa C	ode 68A.402(3)(I).)			Page	of_
						•	(for Schedule B)